



Name: _____ Phone: _____

Mailing address: _____

Email address: _____

University/college: _____

Mailing address: _____

Internship Coordinator: _____ Phone: _____

Year in school: (Please circle one)

Fresh Soph Junior Senior Grad Other _____

Major: _____ Minor: _____

On a separate piece of paper, please answer the following questions:

Why are you interested in this internship?

What would you like to accomplish through this internship?

What qualities and skills will make you successful?

Please attach your current resume and send with the above questions answered to:

**Brook Dorff
Utah Department of Health Asthma Program
Liaison with American Lung Association of Utah
1930 South 1100 East
Salt Lake City, UT 84106**

**Phone: 801-931-6993
Fax: 801-484-5461
bdorff@lungutah.org**

Application Due Thursday, December 31, 2009